

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>09/027510</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51		
2		1					52		
3		2					53		
4		(1)					54		
5		(1)		1			55		
6				1			56		
7				2			57		
8				2			58		
9				2			59		
10							60		
11							61		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	5		8				TOTAL DEP.		
TOTAL CLAIMS	6		9				TOTAL CLAIMS		